Issued: 11/92

## **APPENDIX 10**

DEPARTMENT OF HEALTH & SOCIAL SERVICES Division of Health DOH-1063 (11/91)

## **HEALTHCHECK FAMILY HISTORY**

| E OF RECIPIENT  |     |          |         |     |   | FAMILY MEMBERS - LIVING OR DEAD (List natural or blood relatives) |  |  |  |     |  |  |  |
|---|-----|----------|---------|-----|---|---|--|--|--|-----|--|--|--|
| PRESENT OR PAST ILLNESS  For each person, check those which apply.  Use NOTES section for additional information. | \d. | The loan | Mor Man | Mos |   |   |  |  |  |     |  | Sino con the contract of the c |  |
| YEAR OF BIRTH   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| AUTISM  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| ALCOHOLISM (Drinking Problem)   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| ALLERGIES OR ASTHMA   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| BEHAVIORAL DIFFICULTIES   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| BIRTH DEFECTS   |     | <u> </u> |         | ļ   | ļ | <u> </u>  |  |  |  |     |  |  |  |
| CANCER  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| DIABETES  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| EPILEPSY  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| HEARING DISABILITIES  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| HEART ATTACK UNDER AGE 40   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| HIGH BLOOD CHOLESTEROL  |     | ļ        |         |     |   |   |  |  |  |     |  |  |  |
| HIGH BLOOD PRESSURE   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| LEARNING DIFFICULTIES   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| MENTAL ILLNESS  |     | ļ .      |         | ļ   |   |   |  |  |  |     |  |  |  |
| MENTAL RETARDATION  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| NEED FOR SPECIAL EDUCATION  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| SPEECH & LANGUAGE PROBLEMS  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| VISION DIFFICULTIES   |     |          |         |     |   |   |  |  |  |     |  |  |  |
| DECEASED AGE  |     |          |         |     |   |   |  |  |  |     |  |  |  |
| CAUSE   |     |          |         |     |   |   |  |  |  | · - |  |  |  |

NOTES: (Other Illnesses, Disabilities Or Conditions That Run In Your Family That You Are Concerned About)